



Elizabeth Smith  
1234 N. Main St.  
Melrose Park, IL 60160

March 1, 2014

Dear Elizabeth:

**You must enroll in the Integrated Care Program.**

To enroll (become a member), you must choose a health plan and a primary care provider (PCP). Your PCP is the doctor or clinic you go to when you are sick or need a checkup. Your health plan is the group of doctors, hospitals, and other providers who work together to give you the healthcare you need. Please read everything that came with this letter to make the best choice for you.

Your new health plan will cover all the medical and waiver services you get now. Your plan will cover the waiver services you get at home, such as a personal assistant or homemaker, adult day care, or a home emergency response system.

**You must choose by May 1, 2014.**

Please choose a health plan and PCP for the person listed here:

▪ **Elizabeth Smith**                      Date of birth: **10/26/1979**                      ID #: **123123123**

Now you have more health plans to choose from. The plans are:

- |                                       |                          |
|---------------------------------------|--------------------------|
| ▪ Aetna Better Health                 | ▪ Humana Health Plan     |
| ▪ Blue Cross Community ICP            | ▪ IlliniCare Health Plan |
| ▪ Cigna-HealthSpring                  | ▪ Meridian Health Plan   |
| ▪ Community Care Alliance of Illinois | ▪ Together4Health        |

*More on the next page »*

**Questions?** Visit **[www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov)** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-877-912-8880.

**SAMPLE**

## **If you do not choose by May 1, 2014, we will choose for you.**

It is better if you choose a health plan and PCP, because you know your healthcare needs best. For help choosing, read ***Tips to Help You Choose*** and ***Your Health Plan Choices*** that came with this letter.

### **There are two ways to enroll:**

- Call us at **1-877-912-8880** (TTY: 1-866-565-8576). The call is free.
- Go to **[www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov)** and click "Enroll."

After you enroll, your health plan will send you a Welcome Packet in the mail.

Thank you,

Illinois Client Enrollment Services

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